

*Town of Grafton*  
**Board of Sewer Commissioners**

Grafton Memorial Municipal Center  
30 Providence Road  
Grafton, MA 01519  
Phone: (508) 839.5335 x185 Fax: (508) 839.4602  
[wpct@graffton-ma.gov](mailto:wpct@graffton-ma.gov)

Application For Abatement Of Sewer Use  
Charge/Interest

Property Address and Map/ Lot: \_\_\_\_\_

REASON FOR REQUESTING ABATEMENT

- ☐ 1. Water had been shut off – please provide proof from Water Dept.
- ☐ 2. Billing Error/Faulty Meter- explain \_\_\_\_\_
- ☐ 3. Initial Filling or refilling of pool- please provide copies of pool repair bills, new liner receipts, size of pool and dates when filled.
- ☐ 4. Major water leak- provide documentation from a plumber or contractor detailing the cause and verification that the water did not enter the sewer system.
- ☐ 5. Change in number of occupants (well customers only) \_\_\_\_\_
- ☐ 6. Abatement of Interest only
- ☐ 7. Other- please describe reason in as much detail as possible

\_\_\_\_\_  
\_\_\_\_\_

Request for abatement application must be submitted within 60 days of billing.  
To avoid any interest charges, bill must be paid as charged. Credit will follow if approved.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ Telephone# \_\_\_\_\_  
Account # \_\_\_\_\_ Amount of Bill \_\_\_\_\_  
Abatement amount requested \_\_\_\_\_

Please return to the: Grafton Sewer Dept. 30 Providence Road Grafton, MA. 01519

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Sewer Commissioners use only

Approved \_\_\_\_\_ Denied/Reason \_\_\_\_\_

Abatement amount approved \$ \_\_\_\_\_